

**Application
Narrative
Cash Transmittal
Pre-Application
Pre-App Narrative
Pre-App Cash Transmittal
Development Standards**



Planning and Development Services Division

7447 East Indian School Road
Scottsdale, Arizona 85251

Date: 1-30-2019
Contact Name: ROBERT CHILTON
Firm Name: RAIN STUBBINS, LLC
Address: 7655 E. EVANS RD #5
City, State, Zip: SCOTTSDALE, AZ 85260

RE: Application Accepted for Review.

554 - PA 2018

Dear ROBERT CHILTON:

It has been determined that your Development Application for PATIENT ALTERNATIVE has been accepted for review.

Upon completion of the Staff's review of the application material, I will inform you in writing or electronically either: 1) the steps necessary to submit additional information or corrections; 2) the date that your Development Application will be scheduled for a public hearing or, 3) City Staff will issue a written or electronic determination pertaining to this application. If you have any questions, or need further assistance please contact me.

Sincerely,

Name: Gen Bloembergen
Title: Senior Planner
Phone Number: (480) 312-4306
Email Address: gbloembergen @ScottsdaleAZ.gov

10-UP-2013#3
01/30/2019



City of Scottsdale Cash Transmittal

118323

118323
01188227
1/30/2019 PLN-1STOP
KHEMBY HP60062020
1/30/2019 11:06 AM
\$650.00

Received From :

Robert Chilton

SCOTTSDALE, AZ
602-692-3330

Bill To :

Patient Alternative relief Center
7655 E EVANS RD STE 5
SCOTTSDALE, AZ
602-692-3330

Reference #	554-PA-2018	Issued Date	1/30/2019
Address	7655 E EVANS RD STE 5	Paid Date	1/30/2019
Subdivision	THUNDERBIRD INDUSTRIAL AIRPARK NO. 04	Payment Type	CREDIT CARD
Marketing Name		Cost Center	
MCR	186-44	Lot Number	185
APN	215-56-148A	Metes/Bounds	No
Owner Information		Gross Lot Area	0
HOT PROPERTIES LLC		NAOS Lot Area	0
8220 E BRONCO TR		Net Lot Area	0
SCOTTSDALE, AZ 85255		Number of Units	1
602-469-1530		Density	1
		Water Zone	
		Water Type	
		Sewer Type	
		Meter Size	
		QS	33-46

Code	Description	Additional	Qty	Amount	Account Number
3175	USE PERMIT APPLICATION		1	\$650.00	100-21300-44221

City of Scottsdale

7447 E. Indian School Rd.

Scottsdale, AZ 85251

(480) 312-2500

One Stop Shop

Date: 1/30/2019
Office: PLN-1STOP
Tran #: 2

Cashier: KHEMBY

Mach ID: HP60062020

Batch #: 70251

Receipt: 01188227 Date: 1/30/2019 11:06 AM

118323

3175 USE PERMITS \$650.00

TENDERED AMOUNTS:

Visa Tendered: \$650.00

CC Last 4: 7184 Auth Code: 0

Transaction Total: \$650.00

Thank you for your payment.

Have a nice day!

10-UP-2013#3
01/30/2019

SIGNED BY: ROBERT CHILTON ON 1/30/2019

Total Amount

\$650.00

(When a credit card is used as payment I agree to pay the above total amount according to the Card Issuer Agreement.)

3" and larger water meter fees are based on cost recovery. The city will contact the owner of the construction permit if additional funds are due. Payment will be due within 30 days notification.

TO HAVE WATER METER SET - CALL 480-312-5650 AND REFER TO TRANSMITTAL # 118323

Conditional Use Permit Development Application Checklist



Minimal Submittal Requirements:

At your pre-application meeting, your project coordinator will identify which items indicated on this Development Application checklist are required to be submitted. A Development Application that does not include all items indicated on this checklist may be rejected immediately. A Development Application that is received by the City does not constitute that the application meets the minimum submittal requirements to be reviewed.

In addition to the items on this checklist, to avoid delays in the review of your application, all Plans, Graphics, Reports and other additional information that is to be submitted shall be provided in accordance with the:

- requirements specified in the Plan & Report Requirements For Development Applications Checklist;
- Design Standards & Policies Manual;
- requirements of Scottsdale Revised Code (including the Zoning Ordinance); and
- stipulations, include any additional submittal requirements identified in the stipulations, of any Development Application approved prior to the submittal of this application.

If you have any question regarding the information above, or items indicated on this application checklist, please contact your project coordinator. His/her contact information is on the page 8 of this application.

Please be advised that a Development Application received by the City that is inconsistent with information submitted with the corresponding pre-application may be rejected immediately, and may be required to submit a separate: pre-application, a new Development Application, and pay all additional fees.

Prior to application submittal, please research original zoning case history to find the original adopted ordinance(s) and exhibit(s) to confirm the zoning for the property. This will help to define your application accurately. The City's full-service Records Department can assist.

PART I -- GENERAL REQUIREMENTS

Req'd	Rec'd	Description of Documents Required for Complete Application. <small>No application shall be accepted without all items marked as below.</small>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1. Conditional Use Permit Application Checklist (this list)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2. Application Fee \$ <u>650.⁰⁰</u> (subject to change every July)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Completed Development Application Form (form provided) <ul style="list-style-type: none"> • The applicant/agent shall select a review methodology on the application form (Enhanced Application Review or Standard Application Review). • If a review methodology is not selected, the application will be review under the Standard Application Review methodology. <p>Prior to application submittal, please research original zoning case history to find the original adopted</p>

Planning and Development Services

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10-UP-2013#3
01/30/2019

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Conditional Use Permit Application Checklist

		ordinance(s) and exhibit(s) to confirm the zoning for the property. This will help to define your application accurately. The City's full-service Records Department can assist.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4. Request to Submit Concurrent Development Applications (form provided)
		5. Proposition 207 wavier or refusal (Delay submittal until after the Planning Commission Hearing (sample agreement information provided)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6. Letter of Authorization (from property owner(s) if property owner did not sign the application form)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	7. Affidavit of Authorization to Act for Property Owner (required if the property owner is a corporation, trust, partnership, etc. and/or the property owner(s) will be represented by an applicant that will act on behalf of the property owner(form provided)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8. Appeal of Required Dedications or Exactions (form provided)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	9. Commitment for Title Insurance – No older than 30 days from the submittal date (requirements form provided) <ul style="list-style-type: none"> 8-1/2" x 11" – ① copy Include complete <u>Schedule A</u> and Schedule B.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10. Legal Description: (if not provided in Commitment for Title Insurance) <ul style="list-style-type: none"> 8-1/2" x 11" – ② copies
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	11. Request for Site Visits and/or Inspections Form (form provided)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	12. Addressing Requirements (forms provided)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13. Public Participation Process Requirements (see Attachment A) <i>standard neighborhood outreach</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	14. Request for Neighborhood Group Contact information (form provided) <i>X</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	15. Site Posting Requirements: (form provided (white and red signs) <ul style="list-style-type: none"> Affidavit of Posting for <u>Project Under Consideration</u> Affidavit of Posting for <u>Planning Commission Public Hearing (Delayed submittal)</u>. Affidavit must be turned in 20 days prior to Planning Commission hearing) Affidavit of Posting for <u>City Council Public Hearing (Delayed submittal)</u>. Affidavit must be turned in 20 days prior to City Council hearing)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	16. Photo Exhibit of Existing Conditions: Printed digital photos on 8-1/2"x11" Paper – (form provided) ? <ul style="list-style-type: none"> Provide ① color original set and 1 - 8-1/2" x 11"
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	17. Archaeological Resources (information sheets provided) <ul style="list-style-type: none"> <input type="checkbox"/> Archaeology Survey and Report - ③ copies <input type="checkbox"/> Archaeology 'Records Check' Report Only - ③ copies <input type="checkbox"/> Copies of Previous Archeological Research - ① copy
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	18. Completed Airport Vicinity Development Checklist – Your property is located within the vicinity of the Scottsdale Municipal Airport (within 20,000 foot radius of the runway; information packet provided) <ul style="list-style-type: none"> <input type="checkbox"/> Airport Data Page <input type="checkbox"/> Aviation Fuel Dispensing Installation Approval form

rusty signs Develop. app.

include legal description for

rusty signs

OK
FEB 14
FEB 13

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Conditional Use Permit Application Checklist

PART II -- REQUIRED NARRATIVE, PLANS & RELATED DATA

Req'd	Rec'd	Description of Documents Required for Complete Application. <i>No application shall be accepted without all items listed below</i>
		19. Plan & Report Requirements For Development Applications Checklist (form provided)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	20. Results of ALTA Survey (24" x 36") FOLDED <ul style="list-style-type: none"> 24" x 36" – ① copies, <u>folded</u> (The ALTA Survey shall not be more than 30 days old) Digital – ① copy (CD/DVD, PDF Format)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21. Application Narrative ² <ul style="list-style-type: none"> 8 ½" x 11" – 4 ² copies a. The application narrative shall include: <ul style="list-style-type: none"> A one paragraph explanation of the request. This shall be no greater than a half page. Each of the Conditional Use Permit criteria specify in Section 1.401 of the Zoning ordinance. After each criterion, provide narrative response. Each of the Additional Conditional Use Permit criteria specify in Section 1.403 of the Zoning ordinance. After each additional criterion, provide narrative response. <ul style="list-style-type: none"> <input type="checkbox"/> Bar <input type="checkbox"/> Live Entertainment <input checked="" type="checkbox"/> Other b. Historic Property. If the property is an existing or potential historic property, describing how the proposal preserves the historic character or compliance with property's existing Historic Preservation Plan.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Security, Maintenance & Operations Plan (For Bars and Live Entertainment) (form provided) <ul style="list-style-type: none"> Required for any of the following uses: <ul style="list-style-type: none"> Live entertainment (other than DJ) Medical marijuana Use / Caregiver Cultivation – <i>no longer on Scottsdale website?</i> The Security, Maintenance & Operations Plan shall be accepted and signed by the Scottsdale Police Department prior to the submittal of the Conditional Use Permit application. See the provided form for instructions.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23. Public Safety Plan (form provided) <ul style="list-style-type: none"> Required for any of the following uses: <ul style="list-style-type: none"> Establishments that require age verification for admittance, such as a Bar Teen dance centers Adult uses Establishments that have a Disc Jockey (DJ) The Public Safety Plan accepted and signed by the Scottsdale Police Department prior to the submittal of the Conditional Use Permit application. See the provided form for instructions.

we have this

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Conditional Use Permit Application Checklist

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>24. Context Aerial with the proposed site improvements superimposed</p> <ul style="list-style-type: none"> • 24" x 36" – ② color copies, <u>folded</u> • 11" x 17" – ① color copy, <u>folded</u> • 8 ½" x 11" – ① color copy (quality suitable for reproduction) <p>Aerial shall not be more than 1 year old and shall include and overlay of the site plan showing lot lines, tracts, easements, street locations/names and surrounding zoning for a radius from the site of:</p> <p>_____ 750 foot radius from site</p> <p>_____ 1/4 mile radius from site</p> <p>_____ Other: _____</p>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>25. Site Plan</p> <ul style="list-style-type: none"> • 24" x 36" – ② copies, <u>folded</u> • 11" x 17" – ① copy, <u>folded</u> (quality suitable for reproduction) • 8 ½" x 11" – ① copies (quality suitable for reproduction) • Digital – ① copy (CD/DVD, PDF Format)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>26. Open Space Plan (Site Plan Worksheet) (sample provided)</p> <ul style="list-style-type: none"> • 24" x 36" – ② copies, <u>folded</u> • 11" x 17" – ① copy, <u>folded</u> (quality suitable for reproduction) • 8 ½" x 11" – ① copy (quality suitable for reproduction) • Digital – ① copy (CD/DVD, PDF Format)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>27. Natural Area Open Space Plan (ESL Areas)</p> <ul style="list-style-type: none"> • 24" x 36" – ② copies, <u>folded</u> • 11" x 17" – ① copy, <u>folded</u> (quality suitable for reproduction)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>28. Topography and slope analysis plan (ESL Areas)</p> <ul style="list-style-type: none"> • 24" x 36" – ① copy, <u>folded</u>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>29. Landscape Plan</p> <ul style="list-style-type: none"> • 24" x 36" – ② copies, <u>folded of black and white line drawings</u> (a grayscale copy of the color Landscape Plan will not be accepted.) • 11" x 17" – ① copy, <u>folded</u> (quality suitable for reproduction) • 8 ½" x 11" – ① copy (quality suitable for reproduction) • Digital – ① copy (CD/DVD, PDF Format)

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Conditional Use Permit Application Checklist

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30. Hardscape Plan <ul style="list-style-type: none"> 24" x 36" – ② copies, <u>folded</u> of <u>black and white line drawings</u> (a grayscale copy of the color Landscape Plan will not be accepted.) 11" x 17" – ① copy, <u>folded</u> (quality suitable for reproduction) 8 ½" x 11" – ① copy (quality suitable for reproduction) Digital – ① copy (CD/DVD, PDF Format)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31. Parking Plan <ul style="list-style-type: none"> 24" x 36" – ① copy, <u>folded</u> 11" x 17" – ① copy, <u>folded</u> (quality suitable for reproduction) 8 ½" x 11" – ① color copy (quality suitable for reproduction) Digital – ① copy (CD/DVD, PDF Format)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	32. Parking Master Plan See the City's <u>Zoning Ordinance, Article IX</u> for specific submittal and content requirements for Parking Master Plan. The report shall be bound (3 ring, GBC or coil wire, no staples) with card stock front and back covers, and must include all required exhibits. <ul style="list-style-type: none"> 8-1/2" x 11" - ② copies
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	33. Pedestrian and Vehicular Circulation <ul style="list-style-type: none"> 24" x 36" – ① copy, <u>folded</u> 11" x 17" – ① copy, <u>folded</u> (quality suitable for reproduction) 8 ½" x 11" – ① copy (quality suitable for reproduction) Digital – ① copy (CD/DVD, PDF Format)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	34. Elevations <ul style="list-style-type: none"> 24" x 36" – ② copies, <u>folded</u> black and white line drawing (a grayscale copy of the color elevations will not be accepted.) 24" x 36" – ② color copies, <u>folded</u> 11" x 17" – ① color copy, <u>folded</u> (quality suitable for reproduction) 11" x 17" – ① copy, <u>folded</u> black and white line drawing (quality suitable for reproduction) 8 ½" x 11" – ① color copy, (quality suitable for reproduction) 8 ½" x 11" – ① copy black and white line drawing (quality suitable for reproduction) Digital – ① copy (CD/DVD, PDF Format)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	35. Floor Plans <ul style="list-style-type: none"> 24" x 36" – ① copy, <u>folded</u> 11" x 17" - ① copy, <u>folded</u> (quality suitable for reproduction)

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Conditional Use Permit Application Checklist

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	36. Floor Plan Worksheet(s) (Required for restaurants, bars or development containing there-of, and multi-family developments): <ul style="list-style-type: none"> 24" x 36" – ① copy, <u>folded</u> 11" x 17" – ① copy, <u>folded</u> (quality suitable for reproduction) Digital – ① copy (CD/DVD, PDF Format)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	37. Exterior Lighting Site Plan (policy provided) <ul style="list-style-type: none"> 24" x 36" – ① copy, <u>folded</u> 11" x 17" – ① copy, <u>folded</u> (quality suitable for reproduction)
		38. Exterior Lighting Photometric Analysis <ul style="list-style-type: none"> 24" x 36" – ① copy, <u>folded</u> 11" x 17" – ① copy, <u>folded</u> (quality suitable for reproduction)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	39. Manufacturer Cut Sheets of All Proposed Lighting <ul style="list-style-type: none"> 24" x 36" – ① copy, <u>folded</u> 11" x 17" – ① copy, <u>folded</u> (quality suitable for reproduction)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40. Drainage Report See Chapter 4 of the City's <u>Design Standards & Policies Manual</u> for specific submittal and content requirements for drainage reports. The report shall be bound (3 ring, GBC or coil wire, no staples) with card stock front and back covers, and must include all required exhibits, full color aerial, and topography maps. Full size plans/maps shall be folded and contained in pockets. <ul style="list-style-type: none"> Hardcopy - 8-1/2" x 11" - ① copy of the Preliminary Drainage Report including full size plans/maps in pockets Digital - ① copy of the Drainage Report. Any advanced hydraulic or hydrologic models shall be included (see handout submittal instructions)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	41. Master Drainage Plan See the City's <u>Design Standards & Policies Manual</u> for specific submittal and content requirements for Master Drainage Report. The report shall be bound (3 ring, GBC or coil wire, no staples) with card stock front and back covers, and must include all required exhibits, full color aerial, topography maps and preliminary grading and drainage plans. Full size plans/maps shall be folded and contained in pockets. <ul style="list-style-type: none"> 8-1/2" x 11" - ① copy of the Drainage Report including full size plans/maps in pockets Digital - ① copy (see handout submittal instructions)

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Conditional Use Permit Application Checklist

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>42. Final Basis of Design Report for Water</p> <p>See the City's <u>Design Standards & Policies Manual</u> for specific submittal and content requirements for Basis of Design Report for Water. The report must include all required exhibits and plans.</p> <p><u>Submit by one of the options below:</u></p> <ul style="list-style-type: none"> • Email (see handout submittal instructions) • CD/DVD • 8-1/2" x 11" - ④ copies – the report shall be bound, all full size plans/maps provided in pockets.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>43. Final Basis of Design Report for Wastewater</p> <p>See the City's <u>Design Standards & Policies Manual</u> for specific submittal and content requirements for Design Report for Wastewater. The report shall be bound and must include all required exhibits and plans.</p> <p><u>Submit by one of the options below:</u></p> <ul style="list-style-type: none"> • Email (see handout submittal instructions) • CD/DVD • 8-1/2" x 11" - ④ copies – the report shall be bound, all full size plans/maps provided in pockets.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>44. Transportation Impact & Mitigation Analysis (TIMA) (information provided)</p> <p>Please review the City's Design Standards & Policies Manual and Transportation Impact and Mitigation Analysis Requirements provided with the application material for the specific requirements. The report shall be bound (3 ring, GBC or coil wire, no staples) with card stock front and back covers, and must include all required exhibits, and plans.</p> <p><input type="checkbox"/> Category 1 Study</p> <p><input type="checkbox"/> Category 2 Study</p> <p><input type="checkbox"/> Category 3 Study</p> <ul style="list-style-type: none"> • Email (see handout instructions) • 8-1/2" x 11" - ③ copies of the Transportation Impact & Mitigation Analysis including full size plans/maps in pockets.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>45. Native Plant Submittal</p> <ul style="list-style-type: none"> • 24" x 36" – ① copy, <u>folded</u>. <p>(Aerial with site plan overlay to show spatial relationships of existing protected plants and significant concentrations on vegetation to proposed development)</p> <ul style="list-style-type: none"> • See Sec. 7.504 of the Zoning Ordinance for specific submittal requirements.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<p>46. Other Plans and Report Requirements</p> <ul style="list-style-type: none"> • Please submit all plans, reports, and graphics stipulated in an associated Development application (such as a rezoning, Conditional Use Permit, abandonment, preliminary plat, etc) • 24" x 36" – ① copy, <u>folded</u>. (Plans and graphics) • 8-1/2" x 11" - ③ copies of any report

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Conditional Use Permit Application Checklist

☒ ☒ 47. Other:

PART III – SUBMITTAL OF THE DEVELOPMENT APPLICATION

Req'd	Rec'd	Description of Documents Required for Complete Application. <i>No application shall be accepted without all items marked below.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	48. An appointment must be scheduled to submit this application. To schedule your submittal meeting please call 480-312-7767. Request a submittal meeting with a Planning Specialist and provide your case pre-app number; <u>554-PA-18</u> .
<input checked="" type="checkbox"/>	<input type="checkbox"/>	49. Submit all items indicated on this checklist pursuant to the submittal requirements.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	50. Delayed Submittal. Additional copies of all or certain required submittal indicated items above will be required at the time your Project Coordinator is preparing the public hearing report(s). Your Project Coordinator will request these items at that time, and they are to be submitted by the date indicated in the request.
<input type="checkbox"/>	<input type="checkbox"/>	51. Other:
<input checked="" type="checkbox"/>		<p>52. If you have any question regarding this application checklist, please contact your Project Coordinator.</p> <p>Coordinator Name (print): <u>Greg Blumberg</u> Phone Number: <u>480-312-4306</u></p> <p>Coordinator email: <u>gblumberg@scottsdaleaz.gov</u> Date: _____</p> <p>Coordinator Signature: _____</p> <p>If the Project Coordinator is no-longer available, please contact the Current Planning Director at the phone number in the footer of this page if you have any question regarding this application checklist.</p>

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Conditional Use Permit Application Checklist

This application needs a: ☐ New Project Number, or

☒ A New Phase to an old Project Number: _____

Required Notice

Pursuant to A.R.S. §9-836, an applicant/agent may request a clarification from the City regarding an interpretation or application of a statute, ordinance, code or authorized substantive policy, or policy statement. Requests to clarify an interpretation or application of a statute, ordinance, code, policy statement administered by the Planning and Development Services, including a request for an interpretation of the Zoning Ordinance, shall be submitted in writing to the One Stop Shop to the attention of the Planning and Development Services Director. All such requests must be submitted in accordance with the A.R.S. §9-839 and the City's applicable administrative policies available at the Planning and Development Services' One Stop Shop, or from the city's website:

<http://www.scottsdaleaz.gov/building-resources/forms>

Planning and Development Services

One Stop Shop

Planning and Development Services Director

7447 E. Indian School Rd, Suite 105

Scottsdale, AZ 85251

Phone: (480) 312-7000

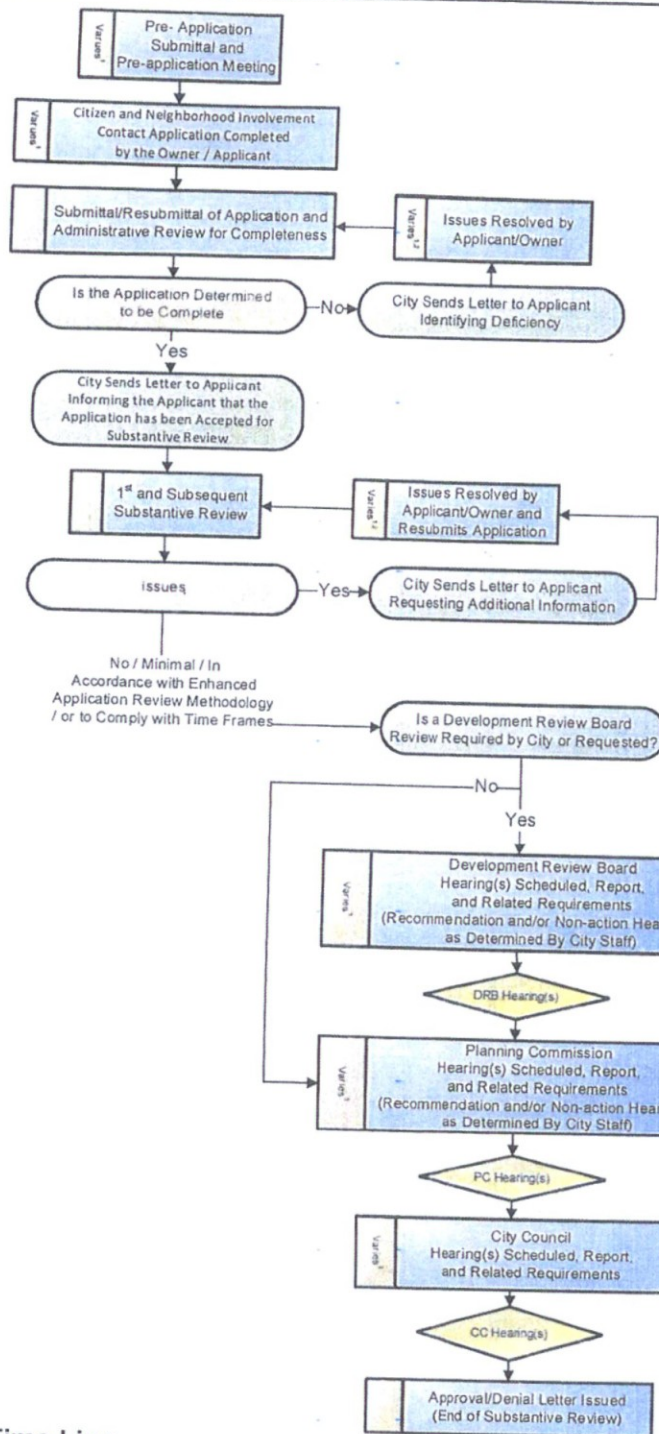
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Development Applications Process

Enhanced Application Review

Conditional Use Permit (UP)



Enhanced Application Review Methodology

Within the parameters of the Regulatory Bill-of-Rights of the Arizona Revised Statutes, the Enhanced Application Review method is intended to increase the likelihood that the applicant will obtain an earlier favorable written decision or recommendation upon completion of the city's reviews. To accomplish this objective, the Enhanced Application Review allows:

- the applicant and City staff to maintain open and frequent communication (written, electronic, telephone, meeting, etc.) during the application review;
- City staff and the applicant collaboratively work together regarding an application; and
- City staff to make requests for additional information and the applicant to submit revisions to address code, ordinance, or policy deficiencies in an expeditious manner.

Generally, the on-going communication and the collaborative work environment will allow the review of an application to be expedited within the publish Staff Review Time frames.

Time Line

Administrative Review	Substantive Review	Public Hearing Process	Approval/Denial Letter Issued
15 Staff Working Days Per Review	95 Total Staff Working Days, Multiple Reviews in This Time Frame ^{2,3,4}	Time Frames Vary ³	

- Note:
1. Time period determined by owner/applicant.
 2. All reviews and time frames are suspended from the date a letter is issued requesting additional information until the date the City receives the resubmittal from the owner/applicant.
 3. The substantive review, and the overall time frame time is suspended during the public hearing processes.
 4. Owner/applicant may agree to extend the time frame by 25 percent

Planning and Development Services

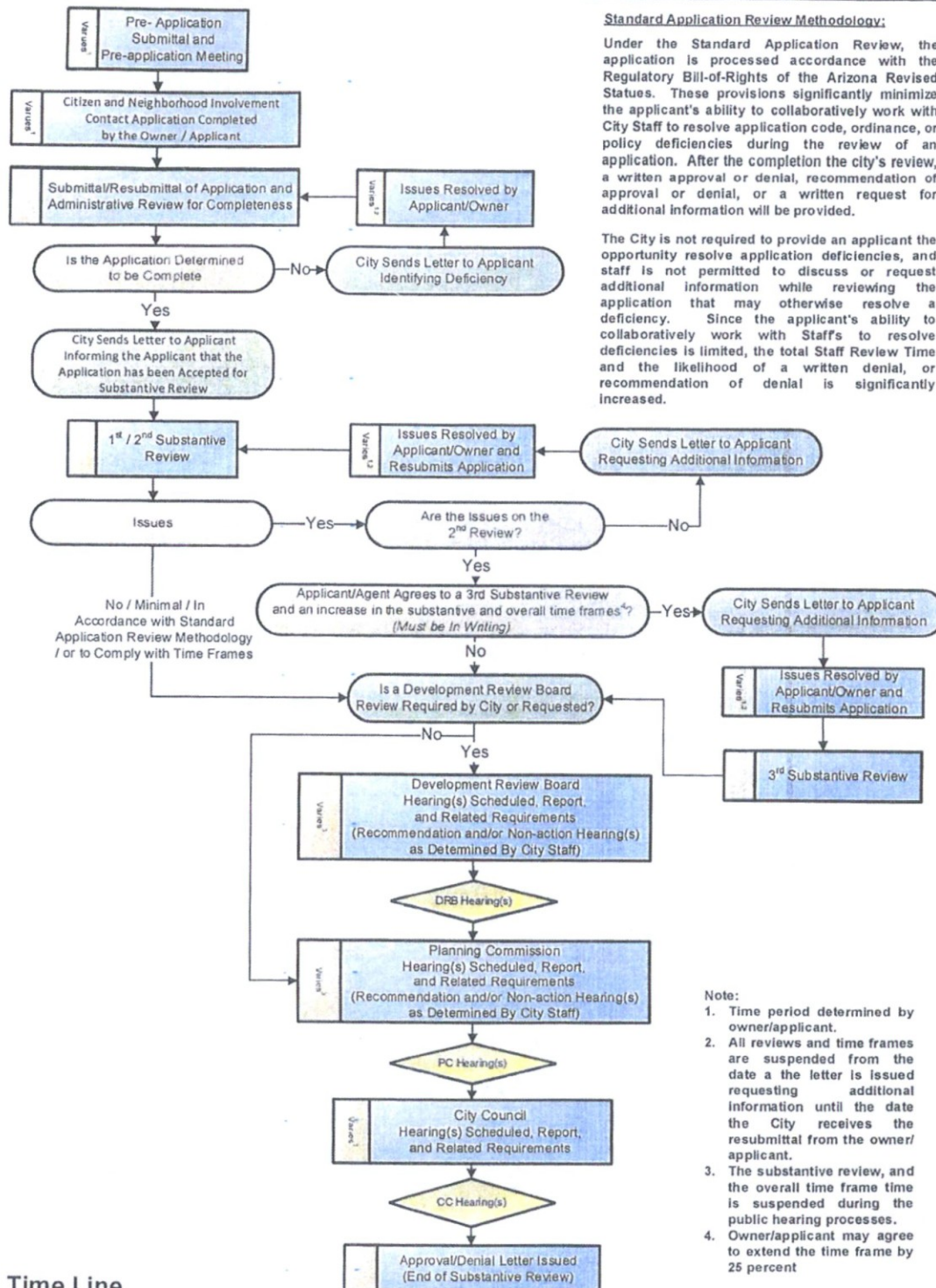
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Development Applications Process

Enhanced Application Review

Conditional Use Permit (UP)



Standard Application Review Methodology:

Under the Standard Application Review, the application is processed accordance with the Regulatory Bill-of-Rights of the Arizona Revised Statutes. These provisions significantly minimize the applicant's ability to collaboratively work with City Staff to resolve application code, ordinance, or policy deficiencies during the review of an application. After the completion the city's review, a written approval or denial, recommendation of approval or denial, or a written request for additional information will be provided.

The City is not required to provide an applicant the opportunity resolve application deficiencies, and staff is not permitted to discuss or request additional information while reviewing the application that may otherwise resolve a deficiency. Since the applicant's ability to collaboratively work with Staffs to resolve deficiencies is limited, the total Staff Review Time and the likelihood of a written denial, or recommendation of denial is significantly increased.

Note:

1. Time period determined by owner/applicant.
2. All reviews and time frames are suspended from the date a letter is issued requesting additional information until the date the City receives the resubmittal from the owner/applicant.
3. The substantive review, and the overall time frame time is suspended during the public hearing processes.
4. Owner/applicant may agree to extend the time frame by 25 percent

Time Line

Administrative Review	Substantive Review	Public Hearing Process	Approval/Denial
15 Staff Working Days Per Review	95 Total Staff Working Days, Two Reviews in This Time Frame ^{2,3,4}	Time Frames Vary ³	Letter Issued

Planning and Development Services

7447 E Indian School Road Suite 105, Scottsdale, AZ 85251 • www.ScottsdaleAZ.gov

Public Participation

- Conditional Use Permits (UP)

- Municipal Use Master Site Plans (MUMSP)



Public participation ensures early notification and involvement prior to formal application submittal, which is an integral component of Scottsdale's public hearing process.

☒ Step 1: Complete Neighborhood Involvement Outreach

☐ Hold a minimum of 1 Open House Meeting prior to formal application submittal

- Send open house invite via 1st Class Letter to property owners & HOAs within 750', to the City's interested parties list, and to the City project coordinator. Invitations need to be sent at least 10 calendar days prior to the open house meeting, and include the following information:
 - Project request and description
 - Pre-application number (xx-PA-xxxx)
 - Project location (street address)
 - Size (e.g. Number of Acres of project, Square Footage of Lot)
 - Zoning
 - Applicant and City contact names, phone numbers, and email addresses
 - Scheduled open house(s) - including time, date, and location
 - Any associated active cases
- Post **Project Under Consideration** sign at least 10 calendar days prior to your Open House Meeting (See Project Under Consideration (White Sign) posting requirements)
- E-mail open house information to the Project Coordinator and to: planninginfo@scottsdaleaz.gov
- Provide sign-in sheets and comment sheets at the open house meeting
- Avoid holidays, weekends, and working hours
- Maintain contact with property owners and other interested parties throughout the process to achieve productive neighborhood involvement
- Hold additional open house meetings as necessary to ensure public participation

- OR -

☒ Complete Standard Neighborhood Notification Outreach

- Mail Neighborhood Notification 1st Class Letter to property owners & HOAs within 750', the City's standard interested parties list, and to the City project coordinator at least 10 calendar days prior to formal application submittal (include the following information):
 - Project request and description
 - Pre-application number (xx-PA-xxxx)
 - Project location (street address)
 - Size (e.g. Number of Acres of project, Square Footage of Lot)
 - Zoning
 - Conceptual site plan/elevations
 - Applicant and City contact names, phone numbers, and email addresses

Public Participation

- Conditional Use Permits (UP)
- Municipal Use Master Site Plans (MUMSP)



☒ **Step 2: Document your Project Notification efforts as follows:**

- Provide a list of names, phone numbers/addresses of contacted parties
- Provide a map showing where notified neighbors are located
- Provide the dates contacted, and the number of times contacted
- Indicate how they were contacted (e.g. letter, phone call). If certified mail was used, provide receipts of delivery
- Provide copies of letters or other means used to contact parties
- Provide originals of all comments, letters, and correspondence received

☒ **Step 3: Post public hearing sign at least 15 calendar days prior to public hearing (see Public Hearing (Red Sign) posting requirements), and submit the completed affidavit of sign posting with a time/date stamped photo (form provided)**

City will provide other public notification

- Mailing out postcards to the City's standard interested parties list and property owners within 750 feet
- Publishing legal ad in newspaper
- Posting case information on the City website
- Posting on social media
- Sending to email subscribers

Related Resources:

- Project Under Consideration Sign Posting Requirements
- Affidavit of Posting
- Public Hearing Sign Posting Requirements

Addendum #2

Registration Identification Package



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Patient Alternative Relief Center

4201 E. University Drive, Phoenix, Arizona 85034

The dispensary applicant listed above has been issued a Medical Marijuana Dispensary Registration Certificate. This Registration Certificate is **not** an approval to operate. This certificate has been issued under the authority of Title 36, Chapter 28.1, Arizona Revised Statutes and pursuant to Title 9, Chapter 17, Article 3, Department of Health Services' rules and regulations.

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000091DCWY00555666

Effective Date: August 8, 2018

Expiration Date: August 7, 2019

A Registration Certificate issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

THE ARIZONA MEDICAL MARIJUANA ACT DOES NOT AUTHORIZE THE HOLDER OF A DISPENSARY REGISTRATION CERTIFICATE TO CULTIVATE, POSSESS, OR SELL MEDICAL MARIJUANA PRIOR TO RECEIVING APPROVAL TO OPERATE FROM THE DEPARTMENT.

THE APPLICANT AGREES NOT TO OPERATE THE DISPENSARY UNTIL THE DISPENSARY IS INSPECTED AND THE APPLICANT OBTAINS APPROVAL TO OPERATE FROM ADHS.

Recommended By: Carla Berg
Bureau Chief, Special Licensing

Issued By: Colby Bower
Assistant Director

BSL-002 Rev. 06/16

THAT WILL PROTECT AGAINST COPY COUNTERFEIT AND ALTERATION.

THE BACK OF THIS DOCUMENT LISTS VARIOUS SECURITY FEATURES



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Patient Alternative Relief Center

4201 E. University Drive, Phoenix, Arizona 85034

APPROVAL TO OPERATE

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000091DCWY00555666

Effective Date: August 8, 2018

Expiration Date: August 7, 2019

This dispensary has been approved to cultivate medical marijuana at an offsite location in Arizona (see copy of cultivation site's Approval to Operate on file).

A Certificate for Approval to Operate a dispensary and, if applicable, a dispensary's cultivation site, issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S. Title 36, Chapter 28.1 and A.A.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Carla Berg
Bureau Chief Special Licensing

Issued By: Colby Bower
Assistant Director

BSL-001 Rev. 06/16



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Cultivation Site

Patient Alternative Relief Center

7655 E. Evans Road, Suite 5, Scottsdale, Arizona 85260

APPROVAL TO OPERATE

THIS CERTIFICATE IS NOT TRANSFERABLE

Registration Certificate Identification Number: 00000091DCWY00555666

Effective Date: August 8, 2018

Expiration Date: August 7, 2019

This cultivation site has been approved to cultivate medical marijuana at this location for the above named dispensary located at 4201 E. University Drive, Phoenix, Arizona 85034.

A Certificate for Approval to Operate a dispensary and, if applicable, a dispensary's cultivation site, issued by the Arizona Department of Health Services pursuant to A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17 does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violations of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana. The acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana under state law is lawful only if done in strict compliance with the requirements of the State Medical Marijuana Act ("Act"), A.R.S. Title 36, Chapter 28.1 and A.C.C. Title 9, Chapter 17. Any failure to comply with the Act may result in revocation of the Registration Certificate issued by the Arizona Department of Health Services, and possible arrest, prosecution, imprisonment, and fines for violation of state drug laws. The State of Arizona, including but not limited to the employees of the Arizona Department of Health Services, is not facilitating or participating in any way with my acquisition, possession, cultivation, manufacturing, delivery, transfer, transportation, supplying, selling, distributing, or dispensing medical marijuana.

Recommended By: Carla Berg
Bureau Chief Special Licensing

Issued By: Colby Bower
Assistant Director

BSL-001 Rev. 06/16

LICENSE NUMBER: 18-5666



ARIZONA DEPARTMENT
OF HEALTH SERVICES

LICENSING

EFFECTIVE DATE: 7-31-2018

Medical Marijuana Dispensary—Food Establishment License

Patient Alternative Relief Center

7655 E. Evans Road
Scottsdale, Arizona 85260

Registration Certificate Identification Number: 00000091DCWY00555666

This license is not transferable and is valid only for the establishment named above and at the location indicated. This license is issued pursuant to A.A.C. R9-8-108 and may be suspended or revoked if the establishment is found to be operating contrary to the provisions of Title 9, Article 8, Chapter 1, Arizona Administrative Code. This license does not protect the holder from legal action by local, city, state, or federal authorities, including possible criminal prosecution for violation of federal law for the sale, manufacture, distribution, use, dispensing, possession, etc. of marijuana.

License Holder:

Patient Alternative Relief Center
4201 E. University Drive
Phoenix, Arizona 85034

Heather Miller, R.S.

Medical Marijuana Dispensary Program
150 N. 18th Ave., Suite 450
Phoenix, AZ 85007

DISPLAY IN A CONSPICUOUS PLACE



ARIZONA DEPARTMENT OF HEALTH SERVICES

LICENSING

Patient Alternative Relief Center
4201 E. University Drive
Phoenix, Arizona 85034

RE: APPROVAL TO PREPARE, SELL OR DISPENSE MARIJUANA-INFUSED EDIBLE FOOD PRODUCTS

Date: July 31, 2018

Dispensary Name: Patient Alternative Relief Center

Registration Certificate ID#: 00000091DCWY00555666

Food Establishment License ID#: 18-5666

Food Establishment Address: 7655 E. Evans Road, Scottsdale, Arizona 85260

Your request to prepare, sell, or dispense marijuana-infused edible food products has been approved. The dispensary listed above must ensure that all marijuana-infused edible food products are prepared, sold, and dispensed according to 9 A.A.C. 8, Article 1. In addition, please be advised that as per A.A.C. R9-17-319(B), the dispensary is responsible for content and quality of edible food products sold or dispensed by the dispensary. The enclosed Food Establishment License must be posted in a conspicuous place, maintained by the dispensary, and available for review upon inspection by the Arizona Department of Health Services (Department) at all times.

In addition, please be advised that as per A.A.C. R9-17-319(B), the dispensary is responsible for content and quality of edible food products sold or dispensed by the dispensary.

If the dispensary sells or dispenses marijuana-infused edible food products prepared by another dispensary, the dispensary must obtain and maintain a copy of the written authorization issued by the Department to the dispensary that prepared the marijuana-infused edible food products.

The Department strongly encourages all dispensary agents that prepare marijuana-infused edible food products to obtain food handlers cards from their local county health department and to have at least one certified food manager, if applicable to county regulations. Links to each Arizona county health department and other online food safety resources can be found at the following links:

- <http://www.azdhs.gov/phs/oeht/fes/resources.htm>
- <http://www.azdhs.gov/phs/oeht/fes/goods/handlers/index.htm>

If you have any questions, please contact the Arizona Medical Marijuana Program at 602-364-0857 or email m2dispensaries@azdhs.gov.

Thank you,

Arizona Medical Marijuana Program
Arizona Department of Health Services

Douglas A. Ducey | Governor Cara M. Christ | MD, MS, Director

150 North 18th Avenue, Suite 410, Phoenix, AZ 85007-3247 P | 602-364-2079 F | 602-364-4769 W | azhealth.gov
Health and Wellness for all Arizonans

Request for Site Visits and/or Inspections Development Application (Case Submittals)



This request concerns all property identified in the development application.

Pre-application No: 554 -PA- 18

Project Name: Patient Alternative Relief Center Kitchen

Project Address: 7055 E Evans Rd #1-10, Scottsdale AZ 85260

STATEMENT OF AUTHORITY:

1. I am the owner of the property, or I am the duly and lawfully appointed agent of the property and have the authority from the owner to sign this request on the owner's behalf. If the land has more than one owner, then I am the agent for all owners, and the word "owner" refer to them all.
2. I have the authority from the owner to act for the owner before the City of Scottsdale regarding any and all development application regulatory or related matter of every description involving all property identified in the development application.

STATEMENT OF REQUEST FOR SITE VISITS AND/OR INSPECTIONS

1. I hereby request that the City of Scottsdale's staff conduct site visits and/or inspections of the property identified in the development application in order to efficiently process the application.
2. I understand that even though I have requested the City of Scottsdale's staff conduct site visits and/or inspections, city staff may determine that a site visit and/or an inspection is not necessary, and may opt not to perform the site visit and/or an inspection.

Property owner/Property owner's agent: _____

Robert J Chilton

Print Name

[Signature]

Signature

City Use Only:

Submittal Date: _____ Case number: _____

Planning and Development Services

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Development Application



Development Application Type:
Please check the appropriate box of the Type(s) of Application(s) you are requesting

Zoning	Development Review	Land Divisions
<input type="checkbox"/> Rezoning (ZN)	<input type="checkbox"/> Development Review (Major) (DR)	<input type="checkbox"/> Subdivision (PP)
<input type="checkbox"/> In-fill Incentive (II)	<input type="checkbox"/> Development Review (Minor) (SA)	<input type="checkbox"/> Subdivision (Minor) (MD)
<input checked="" type="checkbox"/> Conditional Use Permit (UP)	<input type="checkbox"/> Wash Modification (WM)	<input type="checkbox"/> Land Assemblage
<input type="checkbox"/> Text Amendment (TA)	<input type="checkbox"/> Historic Property (HP)	Other
<input type="checkbox"/> Development Agreement (DA)	Wireless Communication Facilities	<input type="checkbox"/> Annexation/De-annexation (AN)
Exceptions to the Zoning Ordinance	<input type="checkbox"/> Small Wireless Facilities (SW)	<input type="checkbox"/> General Plan Amendment (GP)
<input type="checkbox"/> Minor Amendment (MN)	<input type="checkbox"/> Type 2 WCF DR Review Minor (SA)	<input type="checkbox"/> In-Lieu Parking (IP)
<input type="checkbox"/> Hardship Exemption (HE)	Signs	<input type="checkbox"/> Abandonment (AB)
<input type="checkbox"/> Variance/Accommodation/Appeal (BA)	<input type="checkbox"/> Master Sign Program (MS)	Other Application Type Not Listed
<input type="checkbox"/> Special Exception (SX)	<input type="checkbox"/> Community Sign District (MS)	<input type="checkbox"/> Other: _____

Project Name: Patient Alternative Relief Center Kitchen

Property's Address: 7655 E Evans Rd Suite 1-10

Property's Current Zoning District Designation: I-1 Industrial Park Airdistrict

The property owner shall designate an agent/applicant for the Development Application. This person shall be the owner's contact for the City regarding this Development Application. The agent/applicant shall be responsible for communicating all City information to the owner and the owner application team.

Owner: Russell Hudgins	Agent/Applicant: Robert Chilton
Company: Hot Properties, LLC	Company: Rain Strategies, LLC
Address: 11201 N Tatum Blvd #130, Phx 85025	Address: 7655 E Evans Rd #5, Scottsdale 85260
Phone: (602) 469-1530 Fax:	Phone: (602) 692-3330 Fax:
E-mail: rvshudgins@cox.net	E-mail: bob@rainstrategies.com
Designer:	Engineer:
Company:	Company:
Address:	Address:
Phone: Fax:	Phone: Fax:
E-mail:	E-mail:

Please indicate in the checkbox below the requested review methodology (please see the descriptions on page 2).

- This is not required for the following Development Application types: AN, AB, BA, II, GP, TA, PE and ZN. These applications¹ will be reviewed in a format similar to the Enhanced Application Review methodology.

<input checked="" type="checkbox"/> Enhanced Application Review:	I hereby authorize the City of Scottsdale to review this application utilizing the Enhanced Application Review methodology.
<input type="checkbox"/> Standard Application Review:	I hereby authorize the City of Scottsdale to review this application utilizing the Standard Application Review methodology.

 Owner Signature	 Agent/Applicant Signature
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Official Use Only	Submission Date:	Development Application No.:
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Development Application

Page 1 of 3

10-UP-2013#3
01/30/2019